 **NEW LIFE DEVELOPMENT Application   
*Revised Oct. 2020***

**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| GENERAL INFORMATION |

**First Name:** **M.I.** \_\_\_\_\_ **Last Name:**

**OBSIS #:** \_\_\_\_\_\_ \_\_\_\_\_\_ □ Don’t know/Don’t have

**DOB:** \_\_\_\_/ / **Age:** \_\_\_\_  **Gender:** □Male □Female □Non-binary

**Ethnicity:**

□African American / Black □Alaska Native / American Indian □Hispanic / Latino

□ Asian / Pacific Islander □Caucasian / White □Other

**Current Address or Institution:**

**City:**  **State:** **Zip Code:**

**Phone:** ( ) \_ □Cell □Home **Alternate Phone**: ( ) \_\_\_\_ □Cell □Home

I have read all of the qualification’s requirements on the first page and believe that I (or the person I am applying for) meets at least the minimum requirement for participation in the New Life Development Program. Initial here: \_\_\_\_\_\_\_

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| EDUCATION |
| **High School Diploma:** □Yes □No **GED:** □Yes □No **College:** □Yes □No  **Vocational Training:** □Yes □No  **Type of Certificate/Degree Completed after High School:** |

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| DISABILITIES |
| **Known Disabilities:**  □ Alzheimer’s / Dementia □ Alcoholism □ Drug Abuse □Developmental  □ Mental □ TBI □ Physical □ PTSD  □ OCD □ ADHD □ HIV / AIDS □ Other: |

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| INCARCERATION (if applicable) |
| **Date of incarceration:** / /  **Location:**  **Institutional Probation Officer’s Name:**  Name: Phone:  **Most recent charges or conviction:** Please list with most recent first.  **Charge**  **Felony / Misdemeanor** **Date**  □Felony □Misdemeanor  □Felony □Misdemeanor  □Felony □ Misdemeanor  **Do you have any open criminal cases?** □Yes □No  **Are you currently incarcerated?** □Yes □No If “yes” which institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Have you ever been convicted of Arson?** □Yes □No  **Have you ever been convicted of a Sex Offense?** □Yes □No  **Are you currently on probation:** □Yes □No End date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_  **Are you currently on Parole:** □Yes □No End date: / /  **Are you on, or are you applying for DOC Electronic Monitoring Program?**  □Yes □No  If yes, please indicate amount of time that you will be on EM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \**Please note*: If applying to EM, NLD may communicate with EM prior to making a final decision on approving your application. If applying to both EM and NLD, it is necessary that you notify both agencies. Also, NLD is not a furlough program nor do we act as a 3rd party for people with open cases requesting bail.  **Current or past field Probation Officer:**  Name: Phone:  **When will you need NLD housing (approximately)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| CHEMICAL DEPENDENCY HISTORY |
| **Which of the following do you have a history of using?**  □ Alcohol □ Cocaine □ Crack □ Opium □ Barbiturates  □ Marijuana □ LSD □ Ecstasy □ Nicotine □ K-2 (Spice)  □ Mushrooms □ Tranquilizers □ Pain pills  □ Methamphetamines |

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| DRUG / ALCOHOL TREATMENT |
| **Have you ever had formal drug and/or alcohol treatment:?** □Yes □No  **If Yes, Did you complete treatment:** □Yes □No  **In Patient** □ **Out Patient:** □ **Date of treatment (month/year)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Treatment Provider/Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Duration of treatment:**  **Current amount of days clean and sober:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| FINANCIAL SUSTAINABILITY |
| **Currently Employed:** □ Yes □ No **If yes**:  Employer Name: Position: \_\_\_  Employer Phone: Wages per hour: \_\_\_\_\_\_  **If not employed,**  Usual occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years of occupation:  Date of last job: Type of work:  **Upon arrival, you will be expected to pay one month of program fee’s ($390 for shared room)? If you have a sponsoring agency please identify them below (example: Therapeutic Courts, Federal Courts, Partners Re-Entry Center, etc.)? If you are not sure about this, please ask your PO, case manager, or whoever is referring you to our agency.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Other Income Sources:**  **Savings:** □Yes □No Approximate Amount: **ATAP:** □Yes □No Amount:  **Adult Public Assistance:** □Yes □No Amount: **TANF:** □Yes □No Amount: \_\_\_\_  **Food Stamps:** □Yes □No Amount: \_\_\_\_\_ **Unemployment:** □Yes □No Amount:  **SSI/SSDI:** □Yes □No Amount: \_\_\_\_\_ **Native Corporation**: □Yes □No Name/Amount: \_\_\_ \_\_\_\_  **Have you previously received Social Security Benefits**: □Yes □No **Year benefits ended**: \_\_\_\_\_\_\_\_\_\_\_ |

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| FAMILY |
| **Children:** □Yes □No **Pregnant:** □Yes □No  **Ages:**  **New Life Development no longer houses children. If you are looking for housing for your children please do not submit this application.**  **Custody status (Choose one):** □ Sole □ Shared □ No court order |

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| Miscellaneous |
| **If you have a restraining order against someone or one against you or a no contact order please list the names of the people included in the orders:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **List all agencies that you are currently an active client of or receiving services from:**    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| PRIOR LIVING CIRCUMSTANCES |
| **Have you ever been a resident at New Life Development?** □Yes □No  **If yes**, when: \_\_\_\_\_\_\_  In order to be considered for acceptance back into the program, all debt owed to New Life  Development must be paid prior to entry.  **Do you have any relatives currently in the New Life Development program?** □Yes □No  **Have you lived at any other transitional housing facilities or programs in he past 5 years?** □Yes □No   If so please list all and reason for leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Indicate your last address:**  Last permanent address: \_\_\_\_\_\_  Last permanent City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_  **Reason for leaving:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CURRENT HOUSING STATUS |
| **What is your current housing situation?**  □Homeless □At risk of losing housing □Unstable housing □Stable □Incarceration  **Reasons or contributing factors to housing crisis (choose ONE that applies the closest to your situation):**  □ Releasing from incarceration □Victim of domestic violence  □Discharge from another housing program □Displaced due to natural disaster  □Medical |

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| MEDICATIONS |
| **Currently Prescribed or Expected to be Prescribed:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please note: We do not accept participants who are on Suboxone even if it is prescribed by a doctor. If you are currently using Suboxone but intend come off it, please make sure it is out of your system before arriving at NLD. |

**CRITERIA FOR ACCEPTANCE – If you cannot check yes to all, then you are not qualified for acceptance into New Live Development.**

I certify that I meet all the basic qualificatons as cited on the front page.

I certify that I will be able to provide a clean UA upon arrival, and will remain clean and sober while at NLD.

I will remain in compliance with all program requirements to the best of my ability.

I understand that I am making a commit to a minimum of six months residency.

I certify that upon arrival I will be able to cover my first month’s program fee or can verify that my fee’s are being covered by another agency.

I understand that coming into the program, I will be required to share a room with another individual in similar circumstances? (Single rooms are not available to new program participants, unless there are extenuating circumstances).

I am willing and able to secure employment and maintain a steady job while residing at New Life Development. I will not be on 24hr House Arrest. (This requirement may only be waived where an individual is disabeled and unable to work.)   
  
If agreed please sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send to: New Life Development, Inc. 3916 E 9th Ave, Anchorage, AK 99508  
Fax to: 907-646-7880, Email to: admin@newlifeak.org**

Authorization for Release of Confidential Information

I (please print your name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorize New Life Development to release information provided on my New Life Development Application, and/or my participation in the New Life Development Program, with the following agencies.

* Alaska Psychiatric Institute
* Covenant House
* New Hope House/New Horizons
* The Brown Group (Housing)
* The Daniel House (Housing)
* Ernie Turner (Treatment)
* Akeela (Treatment)
* Four Directions (Treatment)
* Dena Coy (Treatment)
* Salvation Army (Treatment)
* Nugent Ranch (Treatment)
* Serenity House Clithroe (Treatment)
* Aurora House
* Oak House
* Norris House
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* House of Transformation
* US Federal Court System
* Department Of Corrections
  + Including Probation
  + Parole
  + Correctional Institutions
* Alaska Regional Hospital
* Providence Hospital
* Anchorage Neighborhood Health
* My Health Clinic
* Alaska State Court System
* Wellness Court
* Anchorage Coordinated Resources Project
* Partners for Progress/Partners Reentry Center
* CITC/ANJC

I understand that my authorization will be begin from the date of my signature and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

I also understand that in order to remain at New Like Development’s Residential Housing Program, I am expected to permit the sharing of information with partnering agencies as it pertains to my health, income, and other pertinent information that may affect my ability to be housed.

I have read and understand the nature of this release

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Signature of Applicant Date

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Print Name